

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010140

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: LAMIFA, INC

**Current Principal Place of Business:**

57 ANN LEE LANE  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

57 ANN LEE LANE  
TAMARAC, FL 33319

**New Mailing Address:**

FEI Number: 20-3482396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROWE, GLADSTON  
2080 NW 78TH AVE  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: AHIPEAUD, MARC-OLIVIER  
Address: 57 ANN LEE LANE  
City-St-Zip: TAMARAC, FL 33319

Title: T ( ) Delete  
Name: MUSSINGTON, NELLY  
Address: 9026 CANTERBURY RIDING  
City-St-Zip: LAUREN, MD 20723

Title: S ( ) Delete  
Name: ROWE, STACY-ANN N  
Address: 2080 NW 78TH AVE  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete  
Name: ROWE-AHIPEAUD, PETAGAY M  
Address: 57 ANN LEE LANE  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC-OLIVIER AHIPEAUD

CEO

03/08/2006

Electronic Signature of Signing Officer or Director

Date